

<b>Case Number:</b>	CM15-0036369		
<b>Date Assigned:</b>	03/04/2015	<b>Date of Injury:</b>	01/03/2013
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	01/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The 32 year old male injured worker suffered an industrial injury on 1/3/2013. The diagnoses were lumbar strain and lumbar disc displacement. The treating provider reported the injured worker was able to work at a controlled pace without the feeling an increase in discomfort with full range of motion. The treatment included a work hardening program. On 12/31/2014, it was noted that the IW had completed a Work Conditioning Program. A post evaluation showed full range of motion of the lumbar spine and ability to complete all job related tasks. There was no documentation of physical deficit. The Utilization Review Determination on 1/23/2015 non-certified 10 Additional Work Conditioning Sessions over 5 weeks for the Lumbar Spine, MTUS.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**10 Additional Work Conditioning Sessions over 5 weeks for the Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Work Hardening Page(s): 125.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 12 Low Back Complaints Page(s): 81, Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 30-34.

**Decision rationale:** The CA MTUS recommend that Work Conditioning program can be utilized for as preparation for return to work after a period of injury. The work conditioning program is tailored to the specific job requirements that are necessary to return to a complete work schedule. The records indicate that the patient had successfully completed a work conditioning program. The post program evaluation did not show physical deficits that could result in inability to return to the expected work schedule. The criteria for additional 10 work conditioning program sessions over 5 weeks for lumbar spine was not met.